

**If you/ newborn baby receive prenatal health examinations/ neonatal hearing checkup at a maternity or a medical facility outside Metropolitan Tokyo, a portion of your fees will be subsidized.**

### 1. Outline of system

Prenatal Health Examination Coupons, Prenatal Ultrasound Examination Coupons, Prenatal Cervical Cancer Examination Coupons or Neonatal Hearing Checkup coupon (hereafter, Coupons) may only be used at medical facilities designated to carry out prenatal health examinations or neonatal hearing checkup in Metropolitan Tokyo. Therefore, **if you/ baby receive examinations/ hearing checkup at a medical facility outside Metropolitan Tokyo or a maternity center (inside or outside Tokyo)** the Coupons are invalid, and you are responsible for the entire fee. This subsidy covers part of that fee. **(To be eligible: You must receive examinations after the date of Coupons issuance and must be a Minato City resident at the time you/ baby received the examinations/ hearing test. Neonatal hearing checkup must be received within 50 days of delivery. Prenatal health examinations/ neonatal hearing checkup received overseas are not subsidized.**

### 2. Amount of subsidy

The amounts shown below (equivalent to the publicly funded portion of the fees charged for a prenatal health examinations/ neonatal hearing checkup at a designated medical facility in Metropolitan Tokyo when using the Coupons) will be considered the maximum amounts of the subsidy corresponding to the number of unused coupons submitted/ returned. If the fee paid is less than the maximum shown, the amount actually paid will be considered the amount of the subsidy. In principle, only the items described on the Coupons are eligible for the subsidy and only the examination items you paid for during those visits that are not covered by public funding are eligible for the subsidy (for maternity centers, only the 2<sup>nd</sup>–14<sup>th</sup> visits are eligible).

Exam Coupon	Type	Prenatal Exam Coupon	Prenatal Exam Coupon	Prenatal Ultrasound Exam Coupon	Prenatal Cervical Cancer Exam Coupon	Neonatal Hearing Checkup Coupon
	Quantity	1 <sup>st</sup> Visit	2 <sup>nd</sup> –14 <sup>th</sup> Visit	2	1	1
	Color	Light blue	Yellow	White	Pink	White
	Maternity Center	× (Not subsidized)	○	× (Not subsidized)	× (Not subsidized)	× (Not subsidized)
Amount of Subsidy	FY 2020 examinations	Max. ¥10,850	Max. ¥5,070	Max. ¥5,300	Max. ¥3,400	Max. ¥3,000
	FY 2021 examinations	Max. ¥10,850	Max. ¥5,070	Max. ¥5,300	Max. ¥3,400	Max. ¥3,000

### 3. Application period

○ One year from the delivery date (or date of last prenatal health examinations/ neonatal hearing checkup); if you give a birth on April 1, the application period is until March 31 of the next year.

○ If you do not give birth, one year from the last prenatal health exam.

\*If you move out of Minato City before giving a birth, you may apply for the Subsidy for Prenatal Health Examinations before delivery.

### 4. Required documents

1	(Form 1) Application for Minato City Subsidy for Prenatal Health Examinations (Application Form of Minato City Subsidy Program for Prenatal Health Exams Costs); see sample completed form on reverse.	<b>Common requirements</b> Subsidy for Prenatal Examinations and Neonatal Hearing Checkup
2	Unused Coupons (issued by a city, town or village in Metropolitan Tokyo)	
3	Copy of receipt issued by the medical facility where you/ baby were examined.	
4	Copy of Maternal and Child Health Handbook page8-9 (Course of Pregnancy).	
5	Copy of Maternal and Child Health Handbook page17 (Record of Checkups/ Neonatal Hearing Checkup)	
		Prenatal Health Examinations only
		Neonatal Hearing Checkup only

### 5. Where (how) to apply

Minato Public Health Center, Health Promotion Section, Local Health Subsection (mail or in-person submission)

Each Regional City Office, Residents' Section, Health and Welfare Subsection (in-person submission only).

### 6. Payment of subsidy

Payment of subsidy takes two to three months after application. You will be notified of the results of your application by mail. Payment may be delayed in cases when documents are incomplete.

Cont. on reverse
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Form 1 (For Article 5)

Application Form of Minato City Subsidy Program for Prenatal Health Exams Fees

If you have moved out of Minato City, please enter both your former address in Minato City and your new address after moving.

Prenatal Health Exams Fees. Please transmit the subsidy to the account given below.

of any information regarding my Resident Registration and information concerning to my medical few of this application.

Date of application: / / (Y/M/D)

Applicant	Name of expectant or maternity mother			Date of birth	/ / (Y/M/D)
	Address	Postcode		Date of birth (Expected date, if you move out of Minato City and apply before giving birth.)	/ / (Y/M/D)
		Minato City			either
Phone number			(If you do not give birth) Last checkup day for pregnancy	/ / (Y/M/D)	

Unused checkup-forms submitted	1st health exam (light blue)	2nd-14th health exams (yellow)	Ultrasounds (white)	Prenatal cervical cancer screening (pink)	Neonatal hearing checkup (white)
Please circle the appropriate item(s) and fill in the number of checkup-forms	Number of forms	Number of forms	Number of forms	Number of forms	Number of forms

Unused Checkup-forms	Date of prenatal Health Exam	Classification (Outside Tokyo: O, maternity center: M)	Health Exam fees amounts (A) (Only for fees not covered by insurance)		Subsidized amount (B)	Subsidized amount applied for (C)	Filled in by Public Health Center
			Subsidized amount (B)	Lower amount out of (A) and (B)			
Prenatal health exam (light blue 1)	/ / (Y/M/D)	O	Yen 10,000	Yen 10,000	Yen 10,000	Yen 10,000	Yen
Prenatal health exam (yellow 2)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 3)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 4)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 5)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 6)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 7)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 8)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 9)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 10)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 11)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 12)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Prenatal health exam (yellow 13)	/ / (Y/M/D)	O / M	Yen 5,070	Yen 5,070	Yen 5,070	Yen 5,070	Yen
Neonatal hearing checkup (white)	/ / (Y/M/D)	O	Yen 3,000	Yen 3,000	Yen 3,000	Yen 3,000	Yen
<b>Total</b>			Yen				Yen

Enter the number of unused Coupons being submitted/ returned.

Please fill in if you do not apply for Neonatal Hearing Checkup.

If the name of the holder of the bank account receiving the transfer is different from that of the mother (applicant and claimant), it is necessary to complete the Proxy section. \* If the account is in the maiden name of the mother (applicant and claimant) the proxy form is not necessary, but please enter the words "Maiden name" in the box for the name of the account holder.

If you do not apply for the Neonatal hearing checkup, please check the appropriate box. (In other cases, please describe the reason as well.)

Had a checkup covered by health insurance (NICU, etc.). (→ Subsidized by other program.)

Didn't have to pay for the checkup fees at the hospital I visited.

Had a checkup at a designated medical institution in Metro.Tokyo using a check-up coupon.

Others (reason: \_\_\_\_\_)

Account	Name of the Bank	Bank	Account number	Type	Savings account	Katakan
		Head office Branch	Bank Code Branch Code		Checking account	Holder's Name**

※NB: In case that account holder's name is maiden name, write as (maiden name)

※NB: If the account holder of the payee account is someone other than the applicant (expecting/maternity mother), the following Proxy Statement section must be filled in.

Proxy Statement

I delegate authority for the receipt of the Subsidy to the abovementioned account holder.

/ / (Y/M/D) Name of expecting/maternity mother

Frequently Asked Questions

- Q1 I received a prenatal examination overseas. Am I eligible for the subsidy?  
→ As this was set up as a domestic system, fees paid for prenatal examinations overseas are not eligible for the subsidy.
- Q2 Are prenatal examinations not recorded in the Mother and Child Handbook eligible for the subsidy?  
→ Examinations after the date of issuance of the Handbook may be eligible for the subsidy; please submit a copy of the receipt for these examinations too. Eligibility will be considered by the Public Health Center.
- Q3 I lost the examination coupon. What should I do?  
→ We will reissue Coupons in case they are lost due to theft, fire, or other unforeseen circumstances. In that case, please complete the Report of Loss of Prenatal Examination Coupons. Forms are available at the application window.